EXHIBIT B

UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MASSACHUSETTS

MDL Docket No. 1629

Master File No. 04-10981

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IN RE: NEURONTIN MARKETING, SALES PRACTICES AND PRODUCTS LIABILITY LITIGATION

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THIS DOCUMENT RELATES TO:
Bulger v. Pfizer, Inc., Et Al
Case No. 07-11426-PBS
and
Smith, Et Al v Pfizer, Et Al
Case No. 05-CV-11515-PBS

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VIDEOTAPED DEPOSITION OF CHARLES KING, III

Held At:
Greylock McKinnon Associates
One Memorial Drive
Cambridge, Massachusetts

October 28th, 2008
9:05 A.M.

Reported By: Maureen O'Connor Pollard, RPR, CLR

Videographer: William Slater

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EXHIBITS

PROCEEDINGS

(Whereupon, King Exhibit Number 1 was marked for identification.)

THE VIDEOGRAPHER: This is Bill Slater of Veritext. Today's date is October 28th, 2008. The time is 9:05 a.m..

We are here at the offices of Greylock McKinnon Associates located at 1 Memorial Drive, Cambridge, Massachusetts to take the videotaped deposition of Charles King, III in the matter of In Re: Neurontin Marketing, Sales Practices and Products Liability Litigation in the United States District Court, District of Massachusetts, MDL Docket Number 1629, Master File Number 04-10981, relating to Bulger versus Pfizer, Incorporated, Et Al, Case Number 07-11426-PBS, and Smith, Et Al, versus Pfizer, Et Al, Case Number 05-CV-11515-PBS.

Counsel will now voice introduce themselves for the record and state whom they represent, and then the court reporter will swear in the witness.

MR. MISHKIN: Paul Mishkin from Davis, Polk & Wardwell for the Defendants.

MR. MUEHLBERGER: Jim Muehlberger, Shook Hardy & Bacon.

MR. MIZELL: Nicholas Mizell, Shook Hardy & Bacon for the Defendant.

MR. ROSENKRANZ: Ron Rosenkranz, Finkelstein & Partners, for the product liability Plaintiffs.

MR. ALTMAN: Keith Altman, Finkelstein & Partners, for product liability Plaintiffs.

CHARLES KING, III,
having been satisfactorily identified, being first duly sworn, was examined and testified as follows:

DIRECT EXAMINATION
BY MR. MISHKIN:

Q. Good morning.
A. Good morning.
Q. Could you state your full name, please?
A. Charles King, III.
Q. Do you prefer Dr. King?

Q. Did you receive assistance on the report from support staff?
A. Yes, I did.
Q. Can you tell me, who were those people who helped you on the report?
A. Well, Keith Altman was one, and then there were a number of research associates in our firm that I took advantage of.
Q. Can you name those research associates for me as best as you're able to?
A. I may not get them all right. Josh Petite, Lisa Selker, S-E-L-K-E-R, Kate Young may have worked on it but I'm not sure.
Q. Can you give me that name again?
A. Oh. Kate.
Q. Kate.
A. Katherine Young, Y-O-U-N-G.
Q. Okay.
A. Andrew Bechtel, B-E-C-H-T-E-L, who is no longer with the firm. I may have had a summer associate or two involved, but I don't specifically recall. Jayeeta Kundu, J-A-Y-E-E-T-A, K-U-N-D-U.
That's the best I can recall at the

moment.
Q. Okay. Can you tell me; in what way did Mr. Altman contribute to the report?
A. Basically Mr. Altman contributed some data analyses that I requested that I wanted to have prepared from materials that the Defendants had turned over to us.
Q. Did he suggest to you any data analyses, or were you always the one telling him, directing him what to do?
A. You know, we discussed what data analyses might be appropriate, what I was interested in, and ultimately I made the decision about what should be included and what not.
Q. Approximately how many discussions did you have with Mr. Altman?
A. Again, I don't specifically recall, but, you know, we had a fair number.
Q. When did you begin to have those discussions with him?
A. Again I don't specifically recall. I would have talked to him early on about what data were available and what we might be able to

do with it. But again, the heavy lifting on this didn't really start until I started writing it in the summer and fall of 2007.
Q. Was there any data analysis that you wanted to do that Mr. Altman suggested that you not do?
A. No.
Q. Do you remember anything more about the substance of the conversations you had with Mr. Altman?
A. Well, I mean they were about, you know, the content of the analysis that we wanted to include. One of the issues that was involved was we were interested in off-label uses of Neurontin, so there was a question about how best to classify those. There was discussions about what sort of data were available. You know, the standard sorts of things you would do in the ordinary course of business, just as I would do with one of our more junior people to put together the graphs that are in the report.
Q. Let's put aside your research associates for just a moment.
Did you have discussions with others

regarding your report besides Mr. Altman?
A. Oh, aside from that?
Q. Aside from your research associates.
A. No.
Q. Did you have further discussions with Mr. Finkelstein, for example?
A. Oh, yes.
Q. Regarding your report?
A. Sorry.
Q. Let's include lawyers.
A. If you clarify the question a little bit.
Q. Sure.
I'm just trying to figure out the different groups of people with whom you would have been speaking regarding your report.
A. Right.
Q. And I think you've mentioned Mr. Altman with whom you had discussions regarding data analysis, is that right?
A. Right.
Q. You had your research associates who were helping you. Let's talk now about anyone else with whom you were having discussions

Franklin case pertaining to Neurontin and Neurontin marketing issues, and my understanding is that he and Dr. Landefeld and presumably others made those documents publicly available over the Internet.

Q. And when you talked about the chart that you were requesting, was it from an article that discussed those Franklin documents?

A. Yes.

Q. And can you tell me what that chart consisted of, what it looked like?

A. Sure. It's a chart basically that shows over time, you know, by various categories where -- what percentage of sales, or I can't remember, it's probably not sales, it's probably prescriptions, went into on-label versus off-label uses. So it has a graph of the number of prescriptions, as I remember, the number of prescriptions for epilepsy versus the number of prescriptions for neuropathic pain, bipolar. I'm not sure of the specific categories that he used, but he tried to identify off-label uses of Neurontin.

Q. Okay. Is there anything else about

the substance of your communications with Mike Steinman that you can tell me?

A. I think I've covered everything.

Q. Okay. You mentioned Seth Landefeld. When did you contact him?

A. It would be about the same time, because he's also a co-author on that paper, I believe.

Q. And how many contacts did you have with Seth Landefeld?

A. One or two, maybe three.

Q. What was the substance of those contacts?

A. Well, Seth Landefeld is my old college roommate, so we talked about that. And then, you know, I asked him about what was publicly available in terms of his analysis of on-label versus off-label uses, and he told me about the San Francisco database, and then he also told me -- suggested that I might contact Mike Steinman about, you know, getting the data behind the graph.

Q. You had contacted Seth Landefeld before contacting Mike Steinman?

A. I think so. I'm not sure. I think so.

Q. Was it Seth Landefeld's idea to contact Mike Steinman?

A. No, it was my idea. Part of the reason I don't remember exactly is I asked one of my research associates to send Dr. Steinman an e-mail.

Q. All right. Did you have any other discussions with Seth Landefeld about your work in this case and opinions you express in your report?

A. No.

Q. Let me ask you to take a look at your report again, and to turn to attachment B, if you would.

Now, is this a list of documents that you relied upon in connection with the opinions that you express in your report?

A. Yes.

Q. You mentioned I think at the outset that there were other documents that you had considered in connection with your work on this case that are not reflected here in attachment

B?

A. Yes.

Q. Let's put aside anything that you might have received after putting in the report. I want to focus with you on the documents that you reviewed before you put in your report.

What other documents besides those listed on attachment B did you review in connection with your work in this case?

A. Well, the attorneys provided me with a hard drive with a daunting number of documents, so there's all sorts of internal company memoranda or e-mail communications or marketing plans or business plans or publication plans, sales analyses, you know, transcripts of conversation, contacts with outside medical education companies. There is a large body of evidence, and I reviewed an awful lot of documents. And out of those, I selected these as examples or as representatives for the points I was trying to make.

Q. And how did you make that selection?

A. I tried to find things that I thought were the -- made the point most clearly, most

succinctly, and were representative of what I had discovered in reading various documents.
Q. All right. Let's talk about the heading under "Legal Documents." Well, let me take a step back first.
Are there other documents that you are relying upon for purposes of your opinion that you chose not to include in this list of documents relied upon?
A. You know, there are other documents available that support my opinions, but these are the ones that, you know, I specifically chose to rely upon for the opinions in the report.
Q. Okay. Did you specifically choose to rely upon any deposition testimony other than the deposition testimony listed here under "Legal Documents"?
A. Well, the answer should be no.
Q. Okay. And if you look at -- well, you said "the answer should be no." Do you have any reason to think the answer is something other than no?
A. No, I don't.

Q. All right. And let's look at --
A. Other than clerical error.
Q. Okay. Are there other legal documents outside of the -- outside of deposition transcripts that you specifically relied upon for purposes of your opinion in this case that are not reflected in this list?
A. No.
Q. And then there's another heading here "Bates Documents." Are there any Bates documents that you specifically relied upon for purposes of your opinions expressed in this report that are not listed here on attachment B under the heading "Bates Documents"?
A. No.
Q. Have you reviewed the Bulger or Smith amended complaints?
A. No.
Q. Do you plan to review them?
A. I wasn't asked to.
Q. Do you have any plans to review them in the future?
A. No.
Q. Have you reviewed the complaints in

any of the personal injury cases?
A. No.
Q. Are you familiar with the facts in any of the individual personal injury cases?
A. No.
Q. So I take it you're not offering any opinions that are specific to any of the particular personal injury cases, is that right?
A. That's correct, except that the opinions that I offer here apply to all doctors, so they would apply to the individual doctors in the personal injury cases. But I'm not offering an opinion to a -- concerning a specific personal injury case.
Q. Have you ever spoken to any of the Plaintiffs in the personal injury cases?
A. No.
Q. Have you read any of the deposition transcripts in the personal injury cases?
A. No.
Q. Do you plan to read any of those?
A. Not unless I'm asked to.
Q. Do you know who the treating physicians were in any of the personal injury

cases?
A. No.
Q. Do you know who Ron Bulger is?
A. No.
Q. Do you know in what state Mr. Bulger resides?
A. No.
Q. Do you know for what condition Susan Bulger was prescribed Neurontin?
A. No.
Q. Do you know the names of Mrs. Bulger's prescribing doctors?
A. No.
Q. Do you know who a Dr. Goldman is in the context of this case?
A. No.
Q. Have you reviewed any testimony by Dr. Goldman?
A. No.
Q. Do you know anything about what Dr. Goldman has testified regarding why he prescribes Neurontin?
A. No.
Q. And maybe just to cut through this, I

do with meetings and that sort of thing we just don't keep.
Q. Are there other types of e-mails besides those having to do with meetings that relate to your work in this case that you would have discarded?
A. I'm sure there were, but not things that would be relevant to the report or substantive or material from my perspective.
Q. So things that in your judgment were not relevant to the report but that did relate somewhat to the case you discarded?
A. Well, you know, I got an e-mail from, thinking back to last summer, you know, e-mail from Ken Fromson relating to our vacations, it's not relevant, so I threw it out.
Q. Understood.
A. I was in Canada, he was in Buffalo, we almost crossed paths, but we didn't, so --
Q. I understand. I'm just trying to understand, you were making those judgments, though, on your own --
A. Yes.
Q. -- as to what e-mails to --

A. In accordance with, you know, our document retention policy.
Q. Okay. And let's talk about correspondence other than e-mails. Would you have any hard copy correspondence related to this case sent to you or sent from you?
A. Not that I'm aware of. We may have some transmittal letters, but we couldn't find anything.
Q. You looked for that?
A. Yeah.
Q. Okay. Do you think you might have -- used to have any hard copy correspondence, or I should say correspondence other than e-mails?
A. I doubt it. Almost all our correspondence are through e-mails.
Q. Do you have any notes of conversations that you've had with people in connection with this case?
A. No, we don't keep those. I don't keep those.
Q. When you say you don't keep them, do you mean that you had them at one point and discarded them?

A. I may have had them to remind me to do something, but we don't retain notes on cases.
Q. What types of notes did you take on relating to this case that you no longer have because you've discarded them?
A. You know, I don't -- the only thing I can think of was, you know, notes that were -- early on I remember I took some notes in terms of thinking about, you know, where do I want to go, how do I want to develop the draft, they were incorporated in the draft and I destroyed the notes.
Q. Did you have notes of any conversations with other people regarding the case?
A. No.
Q. Okay. Let's look at your report again.
A. Okay.
Q. If you'd take a look at Page 4, Paragraph 4. Is it correct as stated here that counsel retained you to provide an expert opinion with respect to the four main questions listed at the bottom of Page 4 of your report

and continuing on to the top of Page 5?
A. Yes.
Q. As part of the expert opinions you're offering, were you asked to address any other questions besides those listed here at the bottom of Page 4 and continuing on to Page 5?
A. No.
Q. Let me take a step back.
I take it from your report you'd agree that physician prescribing decisions are impacted by a variety of factors, is that a fair statement?
A. Yes.
Q. So in other words, there are many different factors that could lead physicians to prescribe a particular medication for a particular use, is that right?
A. I think you want to be a little careful. Some factors are more important than others, but there are --
Q. Fine. But there are a variety of factors?
A. Yes.
Q. Why don't we go through some of the

Q. Now, I think your report also mentioned some factors relating to insurance coverage that can impact physicians prescribing decisions, is that correct?
A. Yes.
Q. Let me give you again some specific examples, and I'll ask you whether those examples could impact prescribing of Neurontin.
The first would be the formulary status of Neurontin. Is that something that could impact Neurontin off-label prescribing?
A. Yes.
Q. In fact, the formulary status of a competitor drug?
A. Yes.
Q. How about the existence of prior authorization programs relating to other drugs besides Neurontin that might be used to treat the same conditions?
A. Yes.
Q. How about approvals for new indications, either of the drug in question or of other drugs that might compete with the drug in question, could those types of -- could those

new approvals impact physician prescribing decisions?
A. Sorry, which is the drug in question?
Q. Let me try to make it a little bit more specific.
So, for example, Neurontin's approval for post-herpetic neuralgia, could have that impacted physicians' decisions to prescribe Neurontin for post-herpetic neuralgia?
A. Yes.
Q. Could it have impacted physician prescribing decisions with respect to other types of neuropathic pain?
A. Yes.
Q. How about FDA approval of a drug in the same therapeutic category as Neurontin, could that have an impact on off-label prescribing of Neurontin?
A. Yes.
Q. How about FDA approval -- or strike that.
How about an approval of Neurontin for the applicable use but in a different country, could that impact off-label prescribing of

Neurontin for that use in the United States?
A. Yes, possibly.
Q. And how about approval of a drug in the same therapeutic class as Neurontin in a different country, could that potentially impact prescribing of Neurontin off-label in the United States?
A. Yes, potentially.
Q. Let's take a look at Page 5 of your report. Are you with me there already?
A. Yes.
Q. Okay. And more specifically Paragraph 5.
Now, I think you list here the principal conclusions of your report, is that correct?
A. Correct.
Q. I'd like to start with what you've written here in 5A. You've concluded that "the marketing and promotional efforts of Warner-Lambert and Pfizer were significant contributing factors to the off-label sales of Neurontin."
Did I read that right?

A. Yes.
Q. When you refer here to Defendant's marketing and promotional efforts, are you talking about all Neurontin marketing and promotional efforts, or just those alleged to have been improper in this case?
A. I guess I would say I'm talking about all promotional marketing efforts.
Q. Okay. So when you make that statement, you're not distinguishing between improper and proper marketing, you're stating that their combined effect on Neurontin off-label sales was significant?
A. You know, much of the marketing that was done -- in fact I'm not sure I understand your question. Marketing for -- let me ask you a question.
Q. Sure.
A. Would you consider marketing for off-label use, is that a permissible or not permissible?
Q. I actually wanted to ask you that.
In your approaching of the report, are you -- what do you understand to be improper

marketing in this context?
A. So in this context I understand it to be improper for Pfizer, Warner-Lambert to promote off-label sales of a drug which doesn't have an indication.
Q. Do you understand that off-label promotion, even truthful off-label promotion, would give rise to liability in this case?
A. You know, I'm not here to offer a legal opinion, I'm just here to offer marketing opinion.
So it's certainly true that inappropriate marketing or marketing for off-label uses would increase the sales for off-label uses.
Q. Well, let me just ask you just for terminology sake going forward, if I refer to improper marketing, you're going to understand that to be off-label marketing of any kind, including truthful off-label marketing?
A. Well --
MR. ROSENKRANZ: I'm objecting to the form.
A. I'm not sure I fully understand it.

What do you mean by "truthful off-label marketing"?
BY MR. MISHKIN:
Q. Well, you know, let me just take a step back.
You're saying that you haven't been given an understanding one way or the other as to whether all off-label marketing would give rise to liability in this case, did I understand that right?
A. It's not an issue on which I've been asked to offer an opinion.
Q. Okay.
A. It seems to me it calls for a legal conclusion, and I'm not here to testify as a legal expert.
Q. Okay. Fair enough.
In reaching your conclusion that you stated in 5A here, what are you assuming about the portion of Neurontin promotion that was improper as compared to proper?
A. I don't know that I've made any assumptions about that.
Q. Well --

A. I rely on the documents and the evidence in the case.
Q. I guess what I'm asking, though, is doesn't the extent to which alleged improper marketing had an effect depend on how much marketing was, in fact, improper?
A. Yes, to a certain extent certainly. If there is no improper marketing and there is no marketing for off-label uses of Neurontin, one wouldn't expect to see large sales of Neurontin for off-label.
Q. So I guess what I'm saying is when you're offering this opinion that marketing and promotional efforts of Warner-Lambert and Pfizer were significant contributing factors -- well, withdrawn. I don't want to make it more confusing.
Have you reached any conclusion about the percentage of Neurontin's marketing that was improper as compared to proper?
A. No.
Q. If it turned out that the allegations regarding improper marketing could only be proved with respect to a small portion of

Defendant's overall marketing of Neurontin, would you still conclude that Defendant's alleged improper marketing contributed significantly to off-label sales?
MR. ROSENKRANZ: Objection to form.
A. Well, I don't know whether or not that's actually true.
But what I do know is that there were promotional efforts for off-label uses, and that the off-label sales of Neurontin increased from about fifteen percent in 1994 to about 90 percent in 2003 or so. So the off-label promotion, whatever percentage it actually was, seems to have been quite effective.
BY MR. MISHKIN:
Q. So you're assuming in that statement that on-label promotion wouldn't have led to off-label sales?
MR. ROSENKRANZ: Objection to form. Mischaracterization.
You can answer.
A. I don't think that's what I just said. But, you know, it's possible that legitimate promotion of Neurontin may have generated some

off-label uses of it as, you know, it's common for other drugs, and it may be for some of the reasons that you mentioned; if it's good in the category -- if other drugs are good in the category, this is good in the category, maybe this one will work as well.

Q. Have you done a specific analysis of the impact that permissible on-label marketing would have had on off-label sales of Neurontin?

A. No, I haven't.

I guess I would add on the permissible versus impermissible marketing, it's very difficult to find out because I don't have full and complete information on how much was actually spent by the company on these various efforts. I tried to piece some of that together, but I wasn't able to with the documents that you provided.

Q. And so you haven't reached any conclusions, for example, on how much was spent on permissible marketing initiatives as compared to allegedly impermissible marketing initiatives?

A. No. And I don't -- no.

Q. Let me ask you to look at 5D here on Page 5. You've concluded that "Pfizer's off-label marketing of Neurontin indirectly influenced all, or substantially, all physicians prescribing of Neurontin."

Did I read that right?

A. Yes.

Q. Can you be more specific regarding what you mean by "indirectly influenced"?

A. Sure. And I can also speak to directly influenced.

Let me just take a look at the section where I discuss that in my report.

Q. I realize I might have --

MR. MISHKIN: Could you just read back the question? I just want to make sure I asked the question I thought I asked.

(Whereupon, the reporter read back the pending question.)

A. So starting on Page 44, Section C, I discuss indirect influences, and I basically make the point that, you know, it would be unlikely if doctors had never heard of Neurontin but for some of the marketing efforts of

Warner-Lambert and Pfizer, and how did that indirect influence occur. Well, we talked about this earlier in some of your other questions, what Pfizer and Warner-Lambert did was analyze, you know, where do doctors obtain their sources of information in prescribing and making prescribing decisions, and in their promotion of off-label marketing of Neurontin through subverting the scientific process and distorting the publication process, they influenced what was published about the drug through their continuing medical education efforts, they also influenced what doctors thought about the drug, and those were problematic because they typically didn't reveal some of the problems with efficacy and safety. This also applies to sales calls when there are sales calls.

And then as we talked about, the indirect influence can come because, you know, as we talked about where do doctors get sources of their information, and you identified colleagues as an important source, so if I'm thinking about prescribing Neurontin I might well call up one of my colleagues who was

directly influenced by the company. So it comes from word of mouth, which we know is an important part of -- and conversations with colleagues in determining what drugs to provide. And so there are a number of different avenues in general by which this may happen.

I guess the other think I would say, there's also a direct channel in that doctors have an obligation to understand the drugs that they provide and their benefits and potential weaknesses, problems, liabilities, side effects, whatever. So as a practical matter, a responsible physician in prescribing Neurontin will take a look at the label for the drug which should indicate what the contraindications for the drug are. In the case of bipolar, there's a serious question about suicidality.

So those are the ways in which the marketing efforts of Neurontin, just in brief summary, could have affected physicians in their prescription habits.

Q. There's a lot in your answer and we're going to come back to all that in more detail.

A. Okay.

Q. For right now I'm looking for something -- I'm asking a more narrow question.
I'm wondering if you can be more specific regarding the magnitude of the impact of the indirect influence. And maybe to make that more specific; have you reached a conclusion regarding the extent to which physicians wrote more off-label Neurontin prescriptions as a result of alleged improper promotion?
A. Well, we have, you know, data on that. You know, we can look at some of the graphs in the report and the statistics that I mentioned before that the off-label uses of Neurontin went from about fifteen percent in '94 to 90 percent in 2003.
And as a point of comparison, you could take a look at the Radley Finkelstein article which surveyed off-label uses in drugs, 160 drugs, and one of the questions they asked was "well, what's a typical level of off-label use?" And the answer was, I believe, was something on the order of 20 percent.
So you have 20 percent off-label use

as a characteristic -- average number for most drugs, and you have Neurontin at 90 percent, so these efforts were quite -- seem to have been quite successful.
Q. Dr. King, I'm really asking a much more specific question.
Are you offering an opinion regarding the number of additional off-label Neurontin prescriptions that were -- that resulted from alleged improper promotion? And if so, what number are you saying that was?
A. I'm not offering an opinion on that. Dr. Rosenthal offers an opinion on that. And if you look at her expert report, she uses statistical, statistical analysis to estimate the level of -- or the amount of off-label uses of Neurontin that are inappropriate.
Q. Understood.
You haven't done any statistical analysis that would allow you to estimate the number of off-label prescriptions that resulted from alleged improper promotion of Neurontin?
A. No, I haven't. But I have looked at Dr. Rosenthal's report, and it supports my

conclusions. And if you want a specific number, she provides one.
Q. But you're not offering one as far as --
A. No.
Q. Can we look again actually at 5A? And you see where you use the phrase "significant contributing factors"?
A. Yes.
Q. Similar question about whether you can be more specific regarding the -- what you mean by "significant contributing factors."
Do you have a particular magnitude in mind when you use that expression, significant contributing factors?
A. I don't have a specific magnitude in mind, but again I would point to the, you know, the observed facts in the case that when it was originally introduced Neurontin had an off-label usage of about fifteen percent or so, which is consistent with what the Radley Finkelstein article says we should generally expect, and that grew to 90 percent which then made it the outlier, it's the highest off-label use of any

drug that was studied by Bradley and Finkelstein.
MR. ROSENKRANZ: Just for point of reference, the Finkelstein article was not written by anybody in my office named Finkelstein, is that correct?
THE WITNESS: Yes, that is correct.
BY MR. MISHKIN:
Q. You've referenced these increases. Are you offering any opinion as to what portion quantitatively of those increases are attributable to alleged improper marketing?
A. No.
Q. Could you walk through for me your -- well, let me put it like this.
What are the specific steps that you've taken to support your conclusions that we've been talking about here? If you could summarize the steps for me that you took.
A. Briefly, you know, I did a couple of things.
I looked at the company documents to see what their own marketing people and salespeople were saying about the success of

their promotional efforts in promoting off-label sales. I looked at their strategic plans, and when you do that you discover that the main source of growth for Neurontin is not in its approved indication for epilepsy or pediatric epilepsy or post-herpetic neuralgia, it all comes from the off-label uses, and that's where they concentrated their marketing efforts. And it's a very comprehensive scheme of things that was done to promote the off-label uses, and we've touched on some of the aspects of that. So I looked at the company documents to see what the company was doing and how they were thinking about it.

And also I looked at their own analyses of the market in terms of how successful they were in meeting their corporate objectives.

I also reviewed the academic literature to see what's known about promotion of pharmaceuticals and how it would relate to this case.

You know, I drew upon my own experience, too.

And then I did some additional analyses of data that you provided to see if I could corroborate the findings that I had from the documents, from the academic studies, and see if that's what I observed in this case.

And then finally, as we've discussed, when subsequent expert reports came out, I read the expert reports and analyzed them to see if they were consistent with the analyses that I'd done based on company documents, based on independent market and economic analyses, and based on my review of the academic literature, and they were highly corroborative.

Q. So let me just try to recap and make sure I'm not missing anything.

You reviewed documents produced by Defendants, you reviewed the literature, academic literature on pharmaceutical promotion, and you reviewed expert reports filed by other Plaintiffs' experts?

A. Well, subsequently to writing the report. And I also did analyze the data, available data to see what was happening in the market.

Q. Did you do anything else?

A. I think that's most of it. I can't think of anything at the moment. If I thought about it.

Q. Okay. Just to be clear, when you -- I think you've already said this, but when you refer to Plaintiffs' other expert reports, you mentioned that those were received after you submitted this report, right?

A. Correct.

Q. So they didn't form the basis for the opinions as you've expressed them in the report?

A. No, they don't, but they corroborate my findings and opinions.

Q. And the data analysis, is there any data work that you've done that is not reflected in the charts that appear in your report?

A. Not that support the basis of my opinion, no. It's all here in the report.

Q. Okay. And this may be implicit in one of your last answers, but I take it you haven't sought to quantify in any specific way the impact of any particular types of alleged improper promotion on off-label sales of

Neurontin?

A. I have not. And I would also add it's not clear to me, or I wasn't able to on the basis of the information and data that I had, I didn't see a way that I could actually do that with what had been provided.

Q. So this is a kind of analysis that you personally haven't done?

A. No, I haven't done any such analysis.

Q. And you haven't sought to determine whether any particular Neurontin prescriptions for any particular patients were the result of alleged improper promotions, is that right?

A. In an individual case?

Q. Right.

A. No.

Q. Okay. So you're not offering an opinion that any particular Plaintiff's Neurontin prescriptions resulted from any alleged improper conduct?

MR. ROSENKRANZ: Objection. Asked and answered.

You can answer.

A. I guess there I would say, you know,

it's my opinion that all physicians were directly or indirectly -- or all or substantially all physicians were directly or indirectly influenced by Pfizer and Warner-Lambert's marketing efforts, so to that extent I am offering an opinion about individual doctors, though I haven't considered any individual doctor and the source of the influence.

BY MR. MISHKIN:

Q. Understood.

But certainly some off-label prescriptions of Neurontin would have been written in the absence of any of the alleged improper promotion, is that right?

A. Yes.

Q. Okay. And you're not offering an opinion specific to any Plaintiffs that their particular prescriptions resulted from any alleged improper promotion?

MR. ROSENKRANZ: Objection. Asked and answered.

A. Yes.

BY MR. MISHKIN:

Q. I'm correct?

A. Yes.

Q. Okay. Can you describe for me the analysis that you did to support the conclusion that you state here in Paragraph 5B? I'll just read it for the record, you've concluded "off-label sales of Neurontin would have continued had Pfizer ceased off-label promotional activities for Neurontin."

What is the work that you did to support that conclusion?

A. So generally speaking there are two things that I did.

The first thing I did was look at the academic literature to see what we know about pharmaceutical promotions and their long-term effects. And as you know from your own consumer experiences, brand recognition has a lasting value. And there have been academic studies of the pharmaceutical market and other drugs to see, you know, how-long-lived are promotional activities. There are a number of reports -- sorry, academic articles published in peer reviewed journals that I cite in here, Berndt is

one, Azoulay, Gonul, Machanda, my own work, and in each of those papers they look at the issue of how long-lasting are the marketing effects, and what they find is that these -- the effects of promotion, they look at various types of promotion, they look at detailing, they look at detailing plus samples, they look at journal advertising, and the consensus of, you know, this broad base of literature is that these things do have long lives, and that they do persist.

So based on academic studies of the pharmaceutical market and other drugs in the market, it seems clear that, you know, even if sales of -- or promotion of Neurontin had ceased that sales would continue.

And one of the things that's interesting about that is that the rate, so-called rate of depreciation, in other words how long does it take for this effect to wear out, is quite low. So these are long-term effects, and you can look at the specific papers for estimates of it.

Now, I would add that the other

interesting thing about this is that, you know, now we don't have to speculate about how long-lived those effects might have been, we actually have data on that, and that's provided by Meredith Rosenthal's report. And if I remember correctly, her analysis of the long-term effect of promotion is that it has a depreciation rate of about three percent a quarter, about twelve percent or so a year, so this lasts for a long time. So even though -- even if you'd ceased promotion, the sales would continue for some time.

So the academic studies is one source, the Meredith Rosenthal's report -- Dr. Rosenthal's report corroborates that analysis, and then sort of more -- less formal analysis we can look at something like one of the charts I've provided in here, if I can find it.

(Witness reviewing document.)

A. Okay. So, you know, using the data that was provided by the company in figure nine on Page 41, what I've done here basically is I asked Keith Altman to prepare an analysis of

sales calls to psychiatrists, and psychiatrists are not people one would normally expect to prescribe Neurontin for its approved uses. And what we have here is there are three lines on the graph.

The lowest line tracks sales calls mentioning Neurontins. In this case we were actually able to match based on company records individual psychiatrists who received a sales call, and then the company tracked their prescribing habits afterwards, so we can look at roughly, I think it's 800 some odd -- 832 psychiatrists, we can see when they received sales calls, and we can look at what happened subsequently to both total prescriptions and new prescriptions. Total prescriptions is the top line, new prescription is the bottom line.

And again just as a casual observation, what you see is as the sales calls increased to this group, the off-label prescriptions, both new and total, increase. And then when promotions effectively cease in December of 2000, as we were discussing you would expect sales to persist, and they do, they

drop, but they continue, they don't drop to zero.

And then at the very tail end of this period we see a slight increase in sales calls, and, you know, I wouldn't want to push the data too hard, but it looks like the curve is sort of leveling out.

This is sort of direct evidence with a specific set of psychiatrists who are tracked by the company where we can relate sales calls and their association with prescribing. So what we see is sales calls, sales calls, promotion increase, prescribing goes up, when it falls, the prescriptions don't immediately drop to zero. So that's, you know, again another piece of evidence that these sales will persist.

Q. There was a lot in there, let me just try to synthesize it.

I think what you've said is to support your conclusion in 5B you've looked at the pharmaceutical promotion literature and you've looked at the trends in the data as you've depicted it here in your report? I have those right?

A. Yes.

Q. You mentioned Dr. Rosenthal's report, but of course that's not something that would have formed the basis for the conclusion that you expressed in 5B originally?

A. Right, that's correct. But it certainly corroborates it.

Q. All right. Is there anything else that you've done to support the conclusion in 5B that you haven't already mentioned?

A. Well, let me check my report here and see what else I mentioned.

Gimmick studies, sales calls.

No.

Q. And just to be clear, you didn't seek to quantify the extent to which off-label sales of Neurontin would have continued if Pfizer had ceased alleged improper promotion and all activities of Neurontin?

A. No, I did not. But I think it's clear from the -- especially from -- I think it's clear from two things. It's clear from the academic studies, again because of the persistence in the long-lived aspect of

promotional efforts that we're not going to see a sudden drop in sales, and that's also corroborated by figure nine. And then again, as I've mentioned, in subsequent analysis Dr. Rosenthal has attempted to address that issue.

Q. Right. But just to be very clear, I'm looking for the support for this conclusion as you wrote it, at the time that you wrote it.

You've referred to the literature on depreciation rates. Did any of that literature look at depreciation rates specifically related to Neurontin?

A. No.

Q. But you haven't done any kind of economic or statistical analysis of what Neurontin off-label sales would have been in the absence of alleged improper promotion as of a certain date, for example?

A. No, I haven't.

Q. And let's take a look at 5D. You've concluded here that "Pfizer's off-label marketing of Neurontin indirectly influenced all --" I'm sorry, I meant to refer to 5C, which

says that "the suppression of information about serious adverse events enabled growth in off-label sales."

Can you just take me through again the categories of analysis that you did, the steps that you took to support that conclusion?

A. I suppose as a marketing expert and economist I shouldn't say common sense, but common sense is corroborated by, again, I looked at academic studies.

There is a fair amount of literature on what happens when things like black box warnings or adverse events are revealed about a drug. And as you would expect from economic theory, if other things being equal you suddenly discover that your good or adverse -- if your drug has an adverse interaction or a bad side effect that that's going to decrease the utility of the drug to the patients and doctors and demand for the drug is likely to fall. So I looked at that.

And, you know, I've also -- if you look at the articles by Dr. Berndt, Dr. Azoulay, I'm not sure about Machanda and Gonul and the

others, but -- also my own work, when you estimate demand for a drug, in other words what the sales will be, one of the very important factors is the number of adverse drug interactions and side effects. And we know, again based on academic literature it's very well established that as -- if and as bad side effects about the drug are revealed, the sales will decline. Again, it's as we'd expect from economic theory. So there's very hard evidence in the academic studies that this is what you would expect.

Q. Other than reviewing the literature, did you do any other work or analysis to support the conclusion that you've stated here in 5C?

A. Let me see what else I did here.

(Witness reviewing document.)

A. I think it's also consistent with -- here I'd have to go back and check the actual timing of release of information on either safety issues or lack of efficacy for Neurontin for the off-label uses, so we do see some of these off-label uses decline. And as I remember, that is also associated with some

information about lack of efficacy or adverse side effects becoming public knowledge.

BY MR. MISHKIN:

Q. Let's talk about that.

A. I didn't do a specific analysis on that.

Q. Does your report anywhere mention anything about a drop in sales being supposedly associated with information about alleged side effects of Neurontin?

A. I don't believe so, no.

Q. Other than reviewing the literature, did you do anything else to support your conclusion in 5C?

A. Well, again I looked at the data on Neurontin. But no, I mean it's such a well-established principle, it's so well-established in the academic literature I didn't really think it was necessary to belabor the point.

Q. Okay. And did any of that literature that you're talking about in this connection relate specifically to Neurontin?

A. I don't know.

Q. Does any example come to mind?

A. No, not as I sit here.

Q. All right. And the extent to which your review of data was involved in reaching this conclusion, that's not something that you discussed in the report?

A. No.

Q. I'm correct in saying that?

A. Yes, I did not discuss it in the report.

Q. And to be clear, you didn't seek to quantify the extent to which alleged suppression of information about adverse events increased off-label Neurontin sales, is that correct?

A. No, I didn't, and it's not clear to me necessarily how you would do that.

Q. Okay. So you didn't attempt some sort of economic projection of what Neurontin sales would have been in the absence of an alleged suppression, is that correct?

A. No, I did not.

Q. And I take it you haven't sought to determine whether any particular Neurontin prescription for any particular patients would

not have been written in the absence of the alleged suppression, is that right?
A. Yes, that's correct.
Q. Okay. So you're not offering an opinion that any particular Plaintiff's Neurontin prescription wouldn't have been written in the absence of the alleged suppression?
A. No.
Q. I'm correct?
A. I'm sorry, yes, you are correct, I'm not offering an opinion on that.
Q. Okay. Now, you've referenced the pharmaceutical promotion literature. Are you aware of any literature that's concluded that all or substantially all sales of a prescription medication were due to promotion of some sort?
A. I don't think that's how economists and marketers would frame the question, so I'm not quite sure how to answer that.
What I'm aware of is a substantial body of literature that has analyzed the effect of promotion on pharmaceutical sales, and that unequivocally demonstrates that promotion is

effective generating pharmaceutical sales.
Q. Okay. You're not aware, though, of any study that's ever concluded that all or substantially all sales of a prescription medication resulted from marketing, is that right?
MR. ROSENKRANZ: Resulted -- I didn't hear.
MR. MISHKIN: From marketing.
A. You know, I think there's a sense in which it's hard to imagine that they wouldn't, because, you know, the function of marketing is communication, and communication about a drug and the product. So if you're not marketing and promoting the product, first of all you have to define what you mean by that, but how would anybody hear about it? How would anybody know to prescribe it? And, you know, are there accidental prescriptions for drugs you've never heard of? Possibly, but it's not going to be on the formulary, there's not going to be a label on it, how -- so as I said, it's a little bit -- I'm a little bit confused about what you're asking here.

BY MR. MISHKIN:
Q. I'm wondering if you could point me to a cite, or if there's a particular article I could go to that would have some finding in some case that all or substantially all of the sales of some drug were the result of promotion as opposed to other factors?
A. What do you have in mind by "other factors"?
Q. I mean anything outside of promotion.
The confusion is about what I mean by "promotion"?
A. Yes, promotion is an awfully broad topic. Exactly what constitutes promotion is occasionally highly debated in the marketing community, but --
Q. Well, can you point me to any article that would reach that conclusion under any definition of marketing, and if so what article?
A. As I sit here and think about it, I can't think of one off the top of my head. But I would refer you to any number of general marketing textbooks that address those and related issues. And maybe Doug, I can't

remember how to pronounce his name, Doug Dogramatzis is one that discusses the role of pharmaceutical market sales.
But as, again as I've said, as a practical matter how is a doctor, physician or consumer going to know about a product if there hasn't been marketing communication and promotion about it? So that's why I'm a little bit stymied.
Q. Well, I guess what I'm trying to -- I'm looking at the whole, the total number of sales over time, and I'm wondering if there's any source, whether the one you just referred to or any other one would take a step back and say that all of the sales that occurred over time, or substantially all of them would not have occurred if it hadn't been for promotion. And I'm looking for a source that would make a statement like that rather than something that you might infer from one of the sources.
MR. ROSENKRANZ: May I ask a clarification? Are you talking about all promotion or off-label promotion?
MR. MISHKIN: I'm talking about all

promotion.
MR. ROSENKRANZ: All promotion of a drug?
MR. MISHKIN: Yes.
A. I'd have to think about that. If I come up with one, I will provide it to you.
BY MR. MISHKIN:
Q. But sitting here right now, you can't come up with one?
A. Sitting here today, as I said, it's kind of an unusual question.
Q. I'm sorry, sitting here today you can't think of one?
A. Nothing occurs to me as I sit here.
Q. Fair enough.
Did any of the literature that you've looked at in connection with your work in this case deal with the effects of alleged fraudulent marketing?
A. I'm sorry, could you repeat the question?
Q. Sure.
Did any of the literature that you looked at in connection with your work on this

case deal with effects on sales of alleged fraudulent marketing of a prescription drug?
A. I don't believe so.
Q. Now, I think you mentioned some articles that were specific to Neurontin, and I want to follow up on that more generally in another context, I think you referred to some.
Are you relying on any literature specific to Neurontin to support your conclusions regarding the impact of alleged improper promotion on off-label Neurontin prescriptions?
A. I guess what I would say is I'm relying on academic and clinical studies about the characteristics of Neurontin, specifically its efficacy or lack of efficacy, and safety issues that might arise. But I'm not aware of any literature that looks specifically at, you know, those issues and then ties it to the effect on marketing.
Q. And when you say "those issues," you're not aware --
A. Can you ask the question again?
Q. Sure. I think you may have answered

it.
But you're not aware of any literature specific to Neurontin that has analyzed the impact of any kind of Neurontin promotion on Neurontin sales, is that right?
MR. ROSENKRANZ: Objection to form.
A. No. I've certainly done a search for it. I don't know that I've done one exhaustive enough to answer your question yes or no.
BY MR. MISHKIN:
Q. Sitting here today, you can't think of an article that would fall into that category?
A. Well, I mean it's a logical conclusion that can be drawn from a lot of articles pointing out lack of efficacy for certain specific uses or bad side effects, but I'm not aware of a study that -- a specific study that looks at that and the effect on sales.
But as we've discussed, the effect on sales follows naturally from what we know in other drugs when there's information that's released about adverse side effects.
Q. Okay. I think I asked you, but to be clear' you're not aware sitting here of any

published article that has examined the impact of any kind of Neurontin promotion specifically on Neurontin sales, is that right?
A. Not as I sit here, but again it may be there.
Q. Okay. But you're not relying on any such article for your --
A. No.
Q. -- conclusions that you've expressed?
A. No.
Q. Now, you referred to other pharmaceutical promotion literature that wouldn't be specific to Neurontin. Would you agree with me that specific results vary across drugs and studies regarding the impact of pharmaceutical promotion on prescription drug sales?
A. Yes, I think that's generally true. And that's one of the strengths of this particular set of analyses, that in different contexts under different situations in a variety of -- with different drugs we find a very consistent theme, and that is that marketing and promotion are effective in increasing

Q. In addition to the sources you've listed here, could a doctor's decision to prescribe Neurontin off-label for the first time have been due to information learned through a continuing medical education class?
A. Yes.
Q. How about through a medical conference of some kind put on by a medical association, is that possible?
A. Yes.
Q. Could a doctor's decision to prescribe Neurontin for the first time for an off-label use have been due to the physician's own past experience using other drugs from the same therapeutic category?
A. I suppose it could, yes.
Q. Let's talk the case of a physician who already has experience prescribing Neurontin for on-label uses in the past, could his or her decision to start prescribing Neurontin for off-label uses have been based on their past experience having prescribed Neurontin for on-label uses?
A. You know, I'm not, I'm not a medical

expert, I'm not here to give expert medical opinions. So I -- but as a lay person looking at it, if you're a neurologist and you're prescribing this for epilepsy, I'm not sure how you make the leap of faith to bipolar disorder, for example. Though it's true, as I understand it, that other AED drugs, anti-epileptic drugs, may be useful in some pain contexts, so maybe that's how you do it. But that's speculation on my part.
It's certainly possible. How frequent it would be, I don't know, but I wouldn't think that would be a terribly common occurrence.
Q. Have you done any investigation of how commonly that occurred?
A. No.
Q. Let me give you an example where a doctor has past experience prescribing Neurontin for on-label conditions and observed efficacy and comorbid off-label conditions, could that be a basis for beginning to prescribe Neurontin off-label in the future?
A. Which comorbid conditions?
Q. I could be clear. Comorbid conditions

such as pain or some condition that would not be one of the labeled conditions for Neurontin?
A. I think it's certainly possible. Whether it would lead to the size of sales you saw for Neurontin I think is another question, but certainly it's possible.
Q. Have you done any analysis of the frequency with which what I just described in my hypothetical could happen?
A. Well, I guess the first thing that would pop into my mind is you have to look at, you know, of the total sales of Neurontin how much are for on-label uses, and that's something like ten or fifteen percent. So I guess I find it a bit of a stretch to think that neurologists prescribing Neurontin for second line treatment in refractory epilepsy are all of a sudden going to discover, you know, what, a six or seven fold increase in their population of patients that have these comorbidities, so suddenly they're prescribing Neurontin more for the comorbidities than for the actual approved use and the actual area of their specialization.
Q. Well, other than what you are saying

you don't think is likely, have you done yourself any specific analysis of what that quantity might be of people who would fall into the category of the hypothetical I gave?
A. Well, I think I just gave you an argument that's based on an analysis that says how large that population would have to be. But have I done additional specific analyses on that? No.
Q. How large that population would have to be in order for my example to count for all off-label prescriptions, is that what you mean?
A. Well, you were offering the hypothetical that said, as I understood it, it's only marketed for its on-label uses, which means it's going to go to neurologists or people who treat epilepsy, maybe a small number of primary care physicians, but that's typically referred out, as I understand it. So how big are those people compared to the total universe of Neurontin sales, well, they're only ten or fifteen percent.
So you've got a population coming in for epilepsy that's ten or fifteen percent of

the total consumption of Neurontin, so that leaves 85 percent of the sales of Neurontin that you've got to explain for in this fifteen percent population. So I just said okay, fifteen into 85 goes how many times, because you're going to have to be prescribing those additional prescriptions, the comorbidities that you speculate on, to that narrow population. So you're going to have to be selling an awful lot of -- you're going to be selling, you know, 85 percent of your prescriptions to the neurologists are going for the off-label uses, and that just doesn't seem plausible.

Q. Have you done anything other than what you've just described to investigate this question?

A. No.

Q. Let me ask you about the different information sources from which you've said doctors get their information about drugs.

Is it correct that physicians will have different levels of exposure to those information sources?

A. Yes.

Q. So if we took medical and scientific literature as an example, is it fair to say that some doctors are more exposed to medical and scientific literature than others would be?

A. I'm sure that's true. But the -- I think as I mentioned here and as I provide academic documentation for, doctors are very busy, so they don't have huge amounts of time to read the scientific literature in their spare time. But I think to -- I just want to avoid drawing an incorrect inference because the scientific literature actually is the foundation for all of the messages that are communicated in the other channels that you mentioned from sales representatives to continuing medical education to advisory groups to colleagues, etcetera. So it's just because few doctors directly refer to the scientific and medical literature, and doctors work on sort of a hierarchy of information and status does not mean that that literature and those publications are unimportant.

Q. You may be reading too much into my

question. I'm just asking whether it varies from doctor to doctor, the level of exposure.

A. It varies.

Q. What might account for the level of variation and exposure?

A. You know, I guess all kinds of things. The nature of the practice, are you a specialist, are you a generalist, you know, your level of experience, do you practice in a hospital, do you practice in a group, do you practice solo. You know, I can imagine lots of things that would affect it. How much time you have.

And also I guess the other thing that's important here is your level of sophistication and being able to read and understand academic research. Are you capable of understanding what kind of studies are sort of gold standard, and what kind of studies are sort of secondary, and what sort of studies are just case reports, and how you should appropriately weight those things in making your decision, which is why doctors typically rely on trusted sources because those are complicated,

sophisticated questions that require a certain sophistication and knowledge of statistics and other matters.

Q. So all of the factors that you've just mentioned, you'd expect that those would vary from doctor to doctor?

A. Yes.

Q. Okay. And that variance would lead to different levels of exposure to scientific -- to published literature?

A. Yes.

Q. Okay. Why don't we talk about detailing, or just to be more general contacts of any kind between pharmaceutical company and physicians.

With respect to that category, would there be variations from doctor to doctor in terms of their exposure to communications from a pharmaceutical company?

A. In general, yes.

Q. Okay. Are there some physicians who would never come in contact with manufacturers of particular drugs?

A. I'm sure there are.

Q. Okay. Some doctors or institutions, they might even have a policy that would prevent their physicians from meeting with sales representatives, for example?
A. Yes.
Q. Okay. In addition to different levels of exposure, which is what we've been focusing on, would you also agree that there -- that physicians would place different relative importance on these different sources, just depending on the physician?
A. Yes.
Q. Some doctors for whatever reason might rely more heavily on input from colleagues than on CME classes, for example?
A. Yes, that's possible.
Q. Okay. Some might rely more heavily than their own clinical experience than the other sources we've talked about?
A. Yes, that's certainly possible.
Q. Would you expect all doctors to respond in the same way to the same type of promotion from a pharmaceutical company?
A. In general, no, I wouldn't.

Q. So, for example, the level of skepticism that a physician might have with respect to different types of promotional initiatives, that would differ from physician to physician?
A. It would, and that's an area where the self-reporter physicians is particularly interesting. The academic literature shows that physicians generally believe that marketing efforts by detailers or sales reps are effective, and that gifts and other things are also effective, but they all seem to think they personally wouldn't be effected and these things wouldn't influence their decisions because they would exercise independent judgment. So those are two inconsistent things.
Q. I'm just asking you whether the response in level of skepticism would differ from doctor to doctor.
A. I certainly would assume yes.
MR. ROSENKRANZ: Objection. Asked and answered.
BY MR. MISHKIN:
Q. Dr. King, let's take a look at the

charts that are in your report.
A. Okay.
Q. I think we can start with figure one which appears on Page 13.
A. Okay.
Q. Who created this chart?
A. Keith Altman.
Q. And what role did you have in the selection or creation and ultimate inclusion of this chart in your report?
A. It was a chart I asked for him to create and, you know, I specified what it was I wanted to see and how I wanted to present the data.
Q. Did you specifically ask for a chart showing what's called anxiety prescriptions?
A. Yes. I asked for charts showing all of the off-label uses of Neurontin, and I specified what they were.
Q. And do you have an understanding of sort of the mechanics of how the chart was put together?
A. Well, I assume you don't mean how do we do it in Excel.

Q. Well, I mean the underlying data, that sort of thing.
A. Yes, I think I do have a general understanding of it. It's something -- you know, it's Verispan is one of two primary providers of data in this industry, they're relied upon by all of the pharmaceutical manufacturers, it's widely used in academic studies, these are standard surveys that they do. And then in terms of classification for what constitutes anxiety, that was something where we relied on the classification of Dr. Cheryl Blume, I believe.
Q. Tell me a little bit about that. Who is Dr. Blume and where did that classification come from?
A. Dr. Blume, my understanding, is the medical expert or medical expert in this case who is qualified to distinguish the -- to decide what categories of diagnosis go into which sort of what -- we call them buckets, what would be migraine, what would be anxiety, what would be non-neuropathic pain, and so that's how, you know, we used her categorization of things to

select out which prescriptions and uses should fall into which of the off-label categories.
And then I also looked at, we've talked about this previously, but I looked at this, and I also looked at Dr. Michael Steinman's classifications which I think may be slightly different to see if we got the same sort of general result, and these results were consistent.
Q. In terms of deciding what particular prescriptions to put in the bucket called anxiety, did you have any role in that?
A. Well, other than to say, you know, I want to understand what an anxiety diagnosis should be, and then asking Keith to please, you know, go through the data and sort those out, that's all I did. I didn't actually select the actual records, no.
Q. Okay. And you didn't have any input in terms of what types of prescriptions for what types of conditions should be characterized as, quote unquote, anxiety?
A. No, I didn't. That's not a -- I'm not a medical expert, so that's not something I'm

qualified to testify about.
Q. Okay.
A. I should also add that Verispan categorizes these things to begin with, I believe.
Q. When you say they characterize them, you're saying that the anxiety bucket came from Verispan?
A. Well, something like bipolar, I believe they, you know --
Q. Do you know if they provide the data on the level of a particular code like an ICD-9 code or something like that that would tell you what a particular prescription was for?
A. They may use ICD-9 codes, they may not, I don't know. But my understanding -- I mean obviously the data are sufficient to break them out in these buckets, otherwise we wouldn't have used them.
But in terms of the particulars and how it's coded and the fields and all that, I didn't pay attention to that.
Q. Fair enough.
Why don't you turn to Page 19.

MR. ROSENKRANZ: 19 did you say?
MR. MISHKIN: Yes, 19.
BY MR. MISHKIN:
Q. Well, I guess I should back up.
You said that you had asked for charts showing all of the different off-label uses. Are you referring to, in addition to figure one which we've already spoken about, are you also referring to figures two, three, four, five and six?
A. Let's see, figure one, yes. Figure two, yes. Figure three, yes. Four, yes. Five, yes, and six.
Q. And was your level of involvement and level of familiarity with the charts the same for two through five as they are for one?
A. Yes, I believe they're all based on the same data.
Q. Okay. Let's look at figure seven which appears on Page 19.
First, just as a matter of clarification, I think the title should be Total Quarterly Neurontin?
A. Yes. There are some typos in my

report.
Q. What's the data source for figure seven?
A. It's either Verispan or internal company data, but Keith Altman would be able to tell you exactly.
Q. Did you have any role in selecting which data source was going to be used for this chart?
A. I'm sure we discussed it, but I at the moment don't remember which one we used. I think it's Verispan, but I'm not absolutely certain. You know, either one would be reliable from my perspective.
Q. Did you make a specific request of Mr. Altman for a chart that looked like this?
A. Yes, I did.
Q. And did you have any discussions back and forth with him that you remember any more details of regarding how the chart would be created?
A. You know, I know we talked about it, and basically I treated Keith the same way I'd treat one of our research associates here, so we

sat down and discussed, you know, we've discussed what is it we're looking for, what would the chart look like, what data would be used, what's the best source of available evidence, then presented it.

Q. Why don't we move to figure eight, which I think the heading is on Page 27 and then it spills over into 28.

A. Okay.

Q. Now, to be clear, figure 28 is a recreation with no modifications of a document that was produced by Defendants?

A. Yes, that was certainly the intent.

Q. And how did you -- anything particular about this document that led you to select it?

A. Well --

Q. Or were you just looking for this general type of information?

A. Well, you know, as we've discussed, the percentage of off-label uses and where they fall was of interest, so I was looking for anything that -- analyses that the company itself had done on off-label uses of the drug and how they broke down, and that's where I

found this chart. So, you know, we just recreated what's in that report.

Q. And no modifications to that that you're aware of?

A. Not that I intended.

Q. Okay. Let's take a look at figure nine, which is on Page 41.

A. Okay.

Q. Who created this figure?

A. Keith Altman.

Q. Can you tell me what the data sources are if you know them that underlie each one of the lines that we're seeing here?

A. Yes. My understanding, my recollection is that these are all -- this is all company based data, and the sales calls are based on a database that the company kept about who specifically was visited and what they discussed. And then the new prescriptions and the total prescriptions come from tracking data where the company actually tracked, you know, of those physicians that we -- for whom we visited on sales calls with detailers or sales reps, what did their -- you know, how did -- what were

their new prescriptions what were their total prescriptions over time. This is all based on marketing data that Pfizer collected, or Pfizer and Warner-Lambert.

Q. And whose idea was it to do this particular type of analysis of the kind you just described?

A. You know, it was my idea. We were looking for, you know, something that would -- we were looking to see if, you know, we could find something that made a direct connection between sales calls and visits to doctors and their prescription, prescribing habits, how did it influence the prescription patterns of doctors.

Q. Why don't you take a look at the chart and focus on the early part of the date range, specifically the first year from about June, 1997 through June of 1998.

According to this chart, psychiatrists were already writing Neurontin prescriptions before any sales calls to psychiatrists started, is that correct?

A. No, that's not entirely correct,

because although it's too small to see there is -- you can see, see the little triangles, whatever they are, I guess diamonds, those bounce up and down a little bit. So there is some sales call activity here.

Q. It's very low at that point?

A. It is low. But again, remember this is not the only source of information to physicians, or in this case psychiatrists.

Q. Right. There are other sources besides sales calls that psychiatrists would have been receiving about Neurontin?

A. Right. And so what you see is little sales calls little sales, big sales calls bigger sales, the sales calls go away, total sales decrease slowly.

Q. Well, let's focus again on that first year.

According to this chart, Neurontin prescriptions by psychiatrists had started to increase before any sort of significant increase in sales calls, is that right?

A. Yes, I think that's one way to look at the data.